

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket N6007 JUL 26 A 10:20

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Please provide the appropriate information in the () areas in the heading below.

RCN New York Communications, LLC

Application for a certificate of
local and interexchange authority
to operate as a reseller and a facilities
based carrier of telecommunications
services within the State of Illinois.

07-0429

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # [_____]

RCN New York Communications, LLC

Address: Street 196 Van Buren Street

City Herndon State/Zip Virginia 20170

2. Authority Requested: (Mark all that apply) ☒ 13-403 Facilities Based Interexchange

☒ 13-404 Resale of Local and/or Interexchange

☒ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

☒ Part 710 Uniform System of Accounts for Telecommunications Carriers

☒ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,
Termination of Service and Issuance of Telephone Directories for Local
Exchange Telecommunications Carriers in the State of Illinois

☒ Section 735.180 Directories

☒ Other

RCN New York Communications, LLC ("RCN") requests authorization to maintain its books and records at its principal place of business pursuant to 83 Ill. Admin. Code Part 250.

Applicant also requests a waiver of 83 Ill. Admin. Code § 725.500(o), which requires that call boxes be installed on a local exchange carrier's ("LEC") switch in order to allow a Public Safety Answering Position ("PSAP") employee to field 911 calls from that switch in the event of a trunking problem between the central office and the PSAP. This requirement is appropriate when applied to incumbent local exchange carriers, who have switching equipment installed in virtually all of their central offices. It would be technically infeasible (and logistically impossible) for a PSAP employee to field calls from RCN's switch in the event of a trunking problem between Applicant and the tandem through which Applicant will route 9-1-1 calls. Therefore, RCN requests that it be exempted from complying with this requirement. Although the call box requirement is not appropriately applied to Applicant, Applicant will ensure that it can process all emergency calls with a high degree of reliability.

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
 - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
 - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
 - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.
5. In what area of the state does the Applicant propose to provide service?

RCN seeks authority to provide telecommunications service throughout the State of Illinois.

6. Please attach a sheet designating contact persons to work with Staff on the following:
- a) issues related to processing this application
 - b) consumer issues
 - c) customer complaint resolution
 - d) technical and service quality issues
 - e) "tariff" and pricing issues
 - f) 9-1-1 issues
 - g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

Please See Exhibit A.

7. Please check type of organization?

☐ Individual ☒ Corporation
☐ Partnership Date corporation was formed December 24, 2001
In what state? New York
☐ Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

Please See Exhibit B.

9. List jurisdictions in which Applicant is offering service(s).

Applicant offers telecommunications services in Connecticut, Delaware, District of Columbia, Massachusetts, Maine, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

____ YES (Please provide details) X NO

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

____ YES X NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

____ YES X NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? ____ YES X NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

See the above response to Question 3.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

Please See Exhibit C.

15. List officers of Applicant.

<u>Peter Aquino</u>	<u>Chief Executive Officer</u>
<u>Michael T. Sicoli</u>	<u>Executive Vice President & Chief Financial Officer</u>
<u>Benjamin R. Preston</u>	<u>Senior Vice President, General Counsel</u>
<u>Richard Ramlall</u>	<u>Senior Vice President, Strategic & External Affairs</u>

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ____ YES X NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

RCN will bill its customers directly through its own internal billing system. Bills are issued to customers on a monthly basis.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Customers with billing questions or complaints may reach RCN at its toll-free number at 1-800-746-4726. Customers can contact representatives of the company during the 24 hours a day, 7 days a week. In the event of a billing dispute, RCN will perform a review of the disputed billing amount and promptly attempt to reach a settlement to the mutual satisfaction of all parties. Following a full investigation to determine whether or not the charges may have been fraudulent or improper, RCN may adjust the disputed bill. Applicant's repair service centers are available 24 hours a day, 7 days a week to assist customers with questions or complaints.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO

20. What telephone number(s) would a customer use to contact your company?

1-800-746-4726

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

RCN will comply with applicable Illinois law as well as Federal Communications Commission regulations regarding how carriers may change a consumer's Primary Interexchange Carrier ("PIC"). RCN will follow a "zero-tolerance" slamming/cramming policy that all employees that interface with customers in the sales and ordering processes are required to execute.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

☒ YES ☐ NO (If no, please provide an explanation.)

Applicant will abide by all of the above referenced Illinois Administrative Code Parts except those from which it seeks a waiver in this Application. (Please see response to Question 3 above.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

RCN is extremely well-qualified financially to operate and expand its business. Financial information demonstrating RCN's financial qualifications are attached hereto as Exhibit D. As shown in the attached information, RCN is financially qualified to operate within the State of Illinois.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ☒ YES ☐ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

RCN intends to provide service through a combination of its own facilities and by leasing facilities from other carriers. As evidenced by the managerial biographies, attached hereto as Exhibit B, RCN meets the technical requirements needed to maintain and deploy facilities.

If NO, which facility provider(s)'s services does the Applicant intend to use?

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

RCN seeks statewide authority to provide facilities-based and resold local exchange and interexchange telecommunications services. RCN intends to offer point-to-point and multipoint services.

28. Will technical personnel be available at all times to assist customers with service problems?

☒ YES ☐ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? ☐ YES ☐ NO

Not applicable.



(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of _____)

)ss

County of _____)

FELIPE J ALVAREZ makes oath and says that he is President
(Insert here the name of affiant) (Insert the official title of the affiant)

of RCN New York Communications Inc.
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

[Signature]
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Accounts Manager
(Title of person authorized to administer oaths)

in the State and County above named, this 24th day of July, ____.

[Signature]
(Signature of person authorized to administer oath)

DEBRA L. CARRAZANA
Notary Public, State of New York
No. 01CA5086398
Qualified in Queens County
Commission Expires October 14, 1999
2009